

What is SIYAC?

If you are committed to improving your community, the State of Iowa Youth Advisory Council (SIYAC) may be right for you. SIYAC is a council within the State of Iowa Department of Human Rights that offers young people a role in having a meaningful voice on issues affecting youth in Iowa. Youth from across the state are selected to serve as volunteer council members to advise and advocate for important issues affecting youth. SIYAC consists of up to 21 members from diverse backgrounds. Applicants must be willing to attend and participate in SIYAC meetings held quarterly, periodic conference calls, plus time spent on service projects and other activities.

Opportunities

SIYAC promotes leadership among youth by:

- Providing opportunities to learn about local and state government and how they function
- Teaching them about the role of councils, boards, and commissions
- Fostering communication among youth, government officials, and community leaders
- Volunteering in service projects and engaging with other youth
- Empowering them to develop and cultivate skills for leadership and success

Who is eligible?

- Applicants must be 14-20 years old. Members' eligibility will end on their 21st birthday.
- Applicants must live in Iowa.
- Applicants must submit a completed application packet.
 - Application form
 - o Demographic information form (optional)
 - One letter of recommendation form

Applications to serve on SIYAC for the 2019-2021 term must be postmarked or delivered by **June 10, 2019.**

Please send applications to:

Claire Yocom
Iowa Department of Human Rights
321 E. 12th Street
Lucas State Office Building, 2nd Floor
Des Moines, IA 50319
Claire.Yocom@Iowa.gov

For more information regarding SIYAC or the application process, contact Claire Yocom at <u>Claire.Yocom@iowa.gov</u> or 515-725-2836, or go to https://humanrights.iowa.gov/cas/siyac.
The Iowa Department of Human Rights offers more opportunities for youth engagement. For more information, please visit website https://humanrights.iowa.gov/.



State of Iowa Youth Advisory Council (SIYAC) Application

Applicant Information		
Name	Date of Birth: Age	
	-	
Street Address		
City, State, Zip		
Home Phone	Cell Phone	
Tione I none	cen i none	
E mail		
E-mail	-	
	G 1 (2010 2020)	
School Name	_ Grade (2019-2020):	
This form assists the Department of Human Rights in evaluating the qu	nalifications of applicants for appointment to the Council. State law	
requires most appointive boards, commissions, committees, and counc	ils to be gender balanced.	
Candan		
Gender		
Parent/Guardi	an Information	
Parent/Guardian Name(s)		
Street Address		
City, State, Zip		
Work Phone	Cell Phone	
E-mail		
Signature of	of Applicant	
Applicant Signature	Date	
Parent's or Guardian's permission to apply for Iowa Youth Congress.		
Parent/ Guardian Signature	Date	



1. How did you hear about SIYAC and why are you interested in joining?	
2. SIYAC advocates for issues that impact the youth of Iowa. What issues are importa	nt to
you?	iii to
3. We strive to make SIYAC the best opportunity for members. What are your goals a member of SIYAC?	s a



	Questions (cont.)	
4.	Please list organizations/clubs, extra-curricular activities, school or community	
	activities, in which you are involved, work experience, and/or volunteerism.	
5	If calcuted to be part of CIVAC how will you manage your time between school work	
5.	· · · · · · · · · · · · · · · · · · ·	
	extracurricular activities, and SIYAC?	



DEMOGRAPHIC INFORMATION FORM (OPTIONAL)

The Iowa Department of Human Rights strives to maintain a diverse council membership, taking into consideration race/ethnicity, geography, gender, background, experience, and other factors. The Department will review applications based on applicants' information and will set aside the following demographic information during the initial application review process. The selection will not be based on these answers or whether you choose to provide it.

identify my race/ethnicity as (check all that apply):
African American
American Indian or Alaska Native
Asian or Pacific Islander
Hispanic/Latino
White
Other
Prefer not to answer



LETTER OF RECOMMENDATION FORM

Name of Applicant		
The above-named applicant is applying to become a member of the State of Iowa Youth Advisory Council (SIYAC). SIYAC is the official youth body for the Iowa Department of Human Rights. SIYAC provides input to government and community leaders and advocates o issues affecting youth.		
The letter of recommendation form may come from teachers, coaches, mentors, youth leaders, employers, principals, etc. We would greatly appreciate your help in our selection process by completing the form below. Name of Referring Person and Organization/School		
What is your relationship to the applicant?		
How long you have known the applicant?		
Why do you feel the applicant is a good candidate for SIYAC?		

You may give your letter to the applicant or send it to the contact below by **June 10th**, **2019**. **Send letter to:** Claire Yocom | Iowa Department of Human Rights | 321 E. 12th Street | Lucas State Office Building, 2nd Floor| Des Moines, IA 50319| or **Email:** Claire.Yocom@Iowa.gov

Questions, contact Claire. Yocom@iowa.gov or 515-725-2836